



PUTNAM COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH SERVICES
225-0310
PROPOSAL FOR SEWAGE DISPOSAL SYSTEM REPAIR

R-118-91

OWNER'S NAME Mahopac Beach PHONE 628 9792
SITE LOCATION at 601 TM# _____
MAILING ADDRESS Mahopac
PERSON INTERVIEWED Michael Blaice & Tom Bonhaglo PCHD Complaint # _____
Name & Relationship (i.e., owner, tenant, etc.)
DATE May 13, 1991 TYPE FACILITY Beachfront
PROPOSED INSTALLER TBD owner PHONE _____

Proposal (include sketch locating all adjacent walls):

NOTE: Repair must be in same location and of same type as original sewage disposal system.
Different location may require submittal of proposal from licensed professional engineer or
registered architect.

existing septic tank and leaching area for
rest rooms on the east side of property
to be repaired and replaced as
necessary.

All work to be in the same area
as existing SDS.
-Approval is for repair of existing SDS
only - no other approvals are implied.

Proposal approved

Proposal Disapproved

Inspector's Signature & Title

Date

Proposal approved with the following conditions:

1. Procurement of any Town permit, if applicable.
2. Submission of as built repair sketch in duplicate showing:
 - a. Owner's name.
 - b. Site Street Name, Town and Tax Map number.
 - c. Location of installed components tied to two fixed points (e.g., house corners).
 - d. System description (e.g., 1250 gal. concrete septic tank, three precast 6' diam. x 6' deep drywells surrounded by one foot + gravel).
 - e. Installer's name and number.
3. System repair to be performed in accordance with the above proposal and conditions.

I, as owner, or reported agent of owner agree to the above conditions.

SIGNATURE

TITLE owner

DATE 5/15/91

PIES: White (PCHD); Yellow (Town H); Pink (Applicant)